OS/104,529 08/12/93 042 RAILEY, J 1805 07/21/5 First Named CLASSEN, JOHN B. EOF METHOD AND COMPOSITION FOR AN EARLY VACCINE TO PROTECT AGAINST BOTH NTOOLOGICAL TO PROTECT AGAINST BOTH NTO PROTECT	Completed where appropriate. All futher corresponder iddresses entered in Block 1 unless you direct otherwise or valid OMB control number. (S) ADDRESS CHANGE (Complete only if there is a change) NAME 1 Zip Code CEIVED 1 Zip Code GROUP ART UNIT 1 S05 07/21/97 ROTECT AGAINST BOTH DIATED DISORDERS OR 1 TY FEE DUE DATE DATE DUE 1 0/21/97
dring the issue Fee Receipt, the Petent, advance critis and notification of maintenance fees will be finalled to addressed series of intensity in a property of the control	ACTECT AGAINST BOTH DIATED DISORDERS OR COTATED DISORDERS OR
dring the issue Fee Receipt, the Petent, advance critis and notification of maintenance fees will be finalled to addressed series of intensity in a property of the control	ACTECT AGAINST BOTH DIATED DISORDERS OR COTATED DISORDERS OR
APPLICATION NO. PRINTED PRINTED ON POST TION FOR AN EARLY VACCINE TO PROTECT AGAINST BOTH THEIR SEQUELAE ATTYS DOOGET NO. CLASS-BUBLASS. BATCHNO. APPLITYPE SMALLENTITY FEE DUE DATE DUE TO LASSEN1. 424-201.100 P43 UTILITY VES 644-00 107.21/9 SIGNIBIATION ON THE PRINTED ON TH	Type a valid OMB control number: (S) ADDRESS CHANGE (Complete only if there is a change) NAME 1 Zip Code 1 Zip
is the Paperwick Reduction Act of 1985, to persions are risigned to triggoord or activation of information unless it displayin a wait OMB control marked. Application of the information control of the	(S) ADDRESS CHANGE (Complete only if there is a change) NAME 1 Zip Code 1 Z
THE IT SEQUEL AE ATTYS DOCKET NO. CLASSENII. CLASSENI. CLASSEN	(S) ADDRESS CHANGE (Complete only if there is a change) NAME 1 Zip Code 1 Z
pleie the formational the sent to the Chief Information Officer, Patent and Trademark Officer, Integration 10, 20231. Street Address 20231. OT SEND FIELS OR COMPLETED PORNIAS TO THIS ADDRESS. SEND TO: Book Issue Pee. ON, State and Zip Code. O	STEP COME CEIVED DISTRIBUTION DIVISION SOCT 17 1997 1770 Code CHICAGO COME CO
Street Address Total Claims	TIP Code FECEIVED PROS NAME: - Division OCT 17 1997 IZED Code Iditional changes are enclosed GROUP ART UNIT DATE MAILED 1805 07/21/97 ROTECT AGAINST BOTH DIATED DISORDERS OR ITY FEEDUE DATE DUE (ES \$645.00 10/21/97
NOT SERVE RESS OR COMPLETED PORMS TO THIS ADDRESS. SEND TO: Box Issue Fee; stant Commissions for Petents, Washington D.C. 2031 BROWLY & NEIMARK / 418 SEVENTH STREET, N. W. WASHINGTON DC 201004 APPLICATION NO: FILING DATE TOTAL CLAIMS EXAMINER AND GROUP ART UNIT DATE MAILED OS/104, 529 08/12/93 042 RAILEY, J 1805 07/21/9 FILING DATE MAILED OS/104, 529 08/12/93 042 RAILEY, J 1805 07/21/9 FILING DATE MAILED OS/104, 529 08/12/93 042 RAILEY, J 1805 07/21/9 FILING DATE MAILED OS/104, 529 08/12/93 042 RAILEY, J 1805 07/21/9 FILING DATE MAILED OS/104, 529 08/12/93 042 RAILEY, J 1805 07/21/9 FILING DATE MAILED OS/104, 529 08/12/93 042 RAILEY, J 1805 07/21/9 FILING DATE MAILED OS/104, 529 08/12/93 042 RAILEY, J 1805 07/21/9 FILING DATE MAILED OS/104, 529 08/12/93 042 RAILEY, J 1805 07/21/9 FILING DATE MAILED OS/104, 529 08/12/93 042 RAILEY, J 1805 07/21/9 FILING DATE MAILED OS/104, 529 08/12/93 042 RAILEY, J 1805 07/21/9 FILING DATE MAILED OS/104, 529 08/12/93 042 RAILEY, J 1805 07/21/9 FILING DATE MAILED OS/104, 529 08/12/93 042 RAILEY, J 1805 07/21/9 OS/104, 529 08/12/93 042 RAILEY, J 1805 07/21/9 FILING DATE MAILED OS/104, 529 08/12/93 042 RAILEY, J 1805 07/21/9 OS/104, 529 08/12/94 08/12/94 04/21/9 OS/104, 529 08/12/94	TIP Code FECEIVED PROS NAME: - Division OCT 17 1997 IZED Code Iditional changes are enclosed GROUP ART UNIT DATE MAILED 1805 07/21/97 ROTECT AGAINST BOTH DIATED DISORDERS OR ITY FEEDUE DATE DUE /ES \$645.00 10/21/97
CONVENTOR'S NAMES. BROWLEY S. NEIMARR 419 SEVENTH STREET. N. W. WASHINGTON DC 20/044 APPLICATION NO. FILING DATE TOTAL CLAIMS BRAILEY, J 1805 07/21/S FIRST NAMES. 08/104, 5.29 08/12/93 042 RAILEY, J 1805 07/21/S FIRST NAMES. 08/104, 5.29 08/12/93 042 RAILEY, J 1805 07/21/S FIRST NAMES. 08/104, 5.29 08/12/93 042 RAILEY, J 1805 07/21/S FIRST NAMES. 08/104, 5.29 08/12/93 042 RAILEY, J 1805 07/21/S FIRST NAMES. 08/104, 5.29 08/12/93 042 RAILEY, J 1805 07/21/S FIRST NAMES. TOTAL CLAIMS BALLEY, J 1805 07/21/S FIRST NAMES. TOTAL CLAIMS BALLEY, J 1805 07/21/S FIRST NAMES. TOTAL CLAIMS BALLEY, J 1805 07/21/S FIRST NAMES. TOTAL CLAIMS FIRST NAMES. TOTAL CLAIMS. FIRST NAMES. FIRST NAMES. TOTAL CLAIMS. FIRST NAMES. TOTAL CLAIMS. FIRST NAMES. TOT	RECEIVED PRES NAME: In Division S OCT 1 7 1997 170 Code ditional changes are enclosed GROUPART UNIT DATE MAILED 1805 07/21/97 ROTECT AGAINST BOTH DIATED DISORDERS OR ITY FEEDUE DATE DUE /ES \$645.00 10/21/97
EROLLOY & NETMARK 410 SEVENTH STREET, N. W. WASHINGTON DC 20004 APPLICATION NO. FILING DATE TOTAL CLAIMS EXAMINER AND GROUP ART UNIT DATE MAILED OR/104, 529 08/104, 529 08/102/93 042 RAILEY, J 1805 07/21/9 FIRST NAME OF ASSENCE FOR THOD AND COMPOSITION FOR AN EARLY VACCINE TO PROTECT AGAINST BOTH AND COMMON INFECTIOUS DISEASES AND CHRONIC IMMUNE MEDIATED DISORDERS OR THEIR SEQUELAE ATTYS DOCKET NO. CLASSENI 424-201.100 P43 UTILITY YES 645-00 (buo.00 AFORTHING on the patent from the	COTECT AGAINST BOTH DISTRICT DISTRICT COTECT AGAINST BOTH DISTRICT OR COTECT AGAINST BOTH DISTRIC
South Address OCT 1 7 1997 City, State and Zip Code Chick if additional charges are enclosed APPUCATION NO. FILING DATE TOTAL CLAIMS EXAMINER AND GROUP ART UNIT DATE MAILED 08/104,529 08/12/93 042 RAILEY, J 1805 07/21/5 FIRST NAME CLASSEN, JOHN B. EOF METHOD AND COMPOSITION FOR AN EARLY VACCINE TO PROTECT AGAINST BOTH NON-COMMON INFECTIOUS DISEASES AND CHRONIC IMMUNE MEDIATED DISORDERS OR THEIR SEQUELAE ATTYS DOCKET NO. CLASS-SUBCLASS BATCH NO. APPUN TYPE SMALL ENTITY FEE DUE DATE DUE 1 CLASSENI. 424-201.100 P43 UTILITY YES 645-00 (bloc. OC) APPUN TYPE SMALL ENTITY FEE DUE DATE DUE 1 CLASSENI. 424-201.100 P43 UTILITY YES 645-00 (bloc. OC) APPUN TYPE SMALL ENTITY FEE DUE DATE DUE 1 CLASSENI. 424-201.100 P43 UTILITY YES 645-00 (bloc. OC) APPUN TYPE SMALL ENTITY FEE DUE DATE DUE 1 CLASSENI. 424-201.100 P43 UTILITY YES 645-00 (bloc. OC) APPUN TYPE SMALL ENTITY FEE DUE DATE DUE 1 CLASSENI. 424-201.100 P43 UTILITY YES 645-00 (bloc. OC) APPUN TYPE SMALL ENTITY FEE DUE DATE DUE 1 CLASSENI TO NATE OF A STATE	ditional changes are enclosed GROUPART UNIT DATE MAILED 1805 07/21/97 ROTECT AGAINST BOTH DIATED DISORDERS OR ITY FEEDUE DATE DUE (ES \$645.00 10/21/97
APPLICATION NO. FILING DATE TOTAL CLAIMS EXAMINER AND GROUP ART UNIT DATE MAILED 08/104, 5/29 08/12/93 042 RAILEY, J 1805 07/21/9 TIRT Named CLASSEN, JOHN B. EOF METHOD AND COMPOSITION FOR AN EARLY VACCINE TO PROTECT AGAINST BOTH NITHON COMMON INFECTIOUS DISEASES AND CHRONIC IMMUNE MEDIATED DISORDERS OR THEIR SEQUELAE ATTYS DOCKET NO. CLASS-SUBCLASS PATCH NO. APPLN TYPE SMALL ENTITY FEE DUE DATE DUE 1 CLASSENI 424-201.100 P43 UTILITY YES \$445-95 (b/c).000 APPLN TYPE SMALL ENTITY FEE DUE DATE DUE 1 CLASSENI 424-201.100 P43 UTILITY YES \$445-95 (b/c).000 APPLN TYPE SMALL ENTITY FEE DUE DATE DUE 1 CLASSENI 424-201.100 P43 UTILITY YES \$45-95 (b/c).000 APPLN TYPE SMALL ENTITY FEE DUE DATE DUE 1 TYPE DOCKET NO. CLASS-SUBCLASS PATCH NO. APPLN TYPE SMALL ENTITY FEE DUE DATE DUE 1 CLASSENI 424-201.100 P43 UTILITY YES \$445-95 (b/c).000 APPLN TYPE SMALL ENTITY FEE DUE DATE DUE 1 TYPE DOCKET NO. CLASS-SUBCLASS PATCH NO. APPLN TYPE SMALL ENTITY FEE DUE DATE DUE 1 CLASSENI 424-201.100 P43 UTILITY YES \$445-95 (b/c).000 APPLN TYPE SMALL ENTITY FEE DUE DATE DUE 1 TYPE DOCKET NO. CLASS-SUBCLASS PATCH NO. APPLN TYPE SMALL ENTITY FEE DUE DATE DUE 1 CLASSENI 1 TYPE DOCKET NO. TO SET DESCRIPTION OF THE PATENT (britt or type) NAME OF ASSINCEE 1 TYPE DOCKET NO. THE PATENT (britt or type) NAME OF ASSINCEE 1 TYPE DOCKET NO. THE PATENT (britt or type) NAME OF ASSINCEE 2 THE OLOMBOUTH THE PATENT (britt or type) NAME OF ASSINCEE 3 THE OLOMBOUTH THE PATENT (britt or type) NAME OF ASSINCEE 4 THE OLOMBOUTH THE PATENT (britt or type) NAME OF ASSINCEE 4 THE OLOMBOUTH THE PATENT (britt or type) NAME OF ASSINCEE 5 THE OLOMBOUTH THE PATENT (britt or type) NAME OF ASSINCEE 5 THE OLOMBOUTH THE PATENT (britt or type) NAME OF ASSINCEE 5 THE OLOMBOUTH THE PATENT (britt or type) NAME OF ASSINCEE 5 THE OLOMBOUTH THE PATENT (britt or type) 1 THE	Control of the process of enclosed distance changes are enclosed distance of the process of the
Chy. State and Zip Code Chy. State and Zip Co	ditional changes are enclosed GROUPART UNIT DATE MAILED 1805 07/21/97 ROTECT AGAINST BOTH DIATED DISORDERS OR ITY FEEDUE DATE DUE /ES \$645.00 10/21/97
APPLICATION NO. FILING DATE TOTAL CLAIMS EXAMINER AND GROUP ART UNIT DATE MAILED 08/10/4,579 08/12/93 042 RAILEY, J 1805 07/21/9 First Named CLASSEN, JOHN B. EOF METHOD AND COMPOSITION FOR AN EARLY VACCINE TO PROTECT AGAINST BOTH NOTION OWN ON INFECTIOUS DISEASES AND CHRONIC IMMUNE MEDIATED DISORDERS OR THEIR SEQUELAE ATTYS DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLY TYPE SMALL ENTITY FEE DUE DATE DUE 1 CLASSEN1 424-201.100 P43 UTILITY YES \$645-00 10/21/9 (b/c/o.00) ATTHE AGAINST BOTH TO THE PROTECT AGAINST BOTH TO THE PROTECT AGAINST BOTH THEIR SEQUELAE 1 CLASSEN 1 424-201.100 P43 UTILITY YES \$645-00 10/21/9 (b/c/o.00) APPLY TYPE SMALL ENTITY FEE DUE DATE DUE 1 CLASSEN 1 424-201.100 P43 UTILITY YES \$645-00 10/21/9 (b/c/o.00) APPLY TYPE SMALL ENTITY FEE DUE DATE DUE 1 Town 1 Page, list the names of not more than 3 registered patient attorneys or agents OR, alternatively, the name is listed, no name will be primited. 2 SIGNMENT DATA TO BE PRINTED ON THE PATENT point or type) SIGNMENT DATA TO BE PRINTED ON THE PATENT point or type) SIGNMENT DATA TO BE PRINTED ON THE PATENT point or type) SIGNMENT DATA TO BE PRINTED ON THE PATENT point or type) SIGNMENT DATA TO BE PRINTED ON THE PATENT point or type) SIGNMENT DATA TO BE PRINTED ON THE PATENT POINT ON THE PATENT AND TRADEMARKS IS DEPOSIT AGAINST ON THE PATENT AND TRADEMARKS IS THE COMMISSIONER OF PATENTS AND TRADEMARKS IS THE COMMISSIONER OF PATENTS AND TRADEMARKS IS THE COMMISSIONER OF Patents and Trademark Dates.	ROTECT AGAINST BOTH DIATED DISORDERS OR TY FEEDUE DATE DUE (ES \$645.00 10/21/97
APPLICATION NO: FILING DATE TOTAL CLAIMS EXAMINER AND GROUP ART UNIT DATE MAILED 08/104, 529 08/12/93 042 RAILEY, J 1805 07/21/9 inst Named CLASSEN, JOHN B. EOF METHOD AND COMPOSITION FOR AN EARLY VACCINE TO PROTECT AGAINST BOTH COMMON INFECTIOUS DISEASES AND CHRONIC IMMUNE MEDIATED DISORDERS OR THEIR SEQUELAE ATTYS DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN: TYPE SMALLENTITY FEE DUE DATE DUE 1 CLASSEN1 424-201.100 P43 UTILITY YES \$645.00 10/21/9 (Julo.00) ATTYS DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN: TYPE SMALLENTITY FEE DUE DATE DUE 1 CLASSEN1 424-201.100 P43 UTILITY YES \$645.00 10/21/9 (Julo.00) ATTYS DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN: TYPE SMALLENTITY FEE DUE DATE DUE 1 CLASSEN1 10/21/9 (Julo.00) AFOR printing on the patent front page, list the names of int more than 3 registered patent attorneys or agents OR, atternatively, the name of a firm having as a member attrorneys or agent. If no name is listed, no name will be printed. 3 SIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) BALLIMOTE, MATY LAND COUNTRY) BALLIMOTE, MATY LAND COUNTRY BALLIMOTE, MATY Deficience on the indexed printed on the printed under separate cover. Assignment previously submitted under separate cover. Assignment should be apply submitted under separate cover. Assignment should be apply the large fee to the application identified above.	ROTECT AGAINST BOTH DIATED DISORDERS OR TY FEEDUE DATE DUE (ES \$645.00 10/21/97
APPLICATION NO: FILING DATE TOTAL CLAIMS EXAMINER AND GROUP ART UNIT DATE MAILED 08/104, 529 08/12/93 042 RAILEY, J 1805 07/21/9 inst Named CLASSEN, JOHN B. EOF METHOD AND COMPOSITION FOR AN EARLY VACCINE TO PROTECT AGAINST BOTH COMMON INFECTIOUS DISEASES AND CHRONIC IMMUNE MEDIATED DISORDERS OR THEIR SEQUELAE ATTYS DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN: TYPE SMALLENTITY FEE DUE DATE DUE 1 CLASSEN1 424-201.100 P43 UTILITY YES \$645.00 10/21/9 (Julo.00) ATTYS DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN: TYPE SMALLENTITY FEE DUE DATE DUE 1 CLASSEN1 424-201.100 P43 UTILITY YES \$645.00 10/21/9 (Julo.00) ATTYS DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN: TYPE SMALLENTITY FEE DUE DATE DUE 1 CLASSEN1 10/21/9 (Julo.00) AFOR printing on the patent front page, list the names of int more than 3 registered patent attorneys or agents OR, atternatively, the name of a firm having as a member attrorneys or agent. If no name is listed, no name will be printed. 3 SIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) BALLIMOTE, MATY LAND COUNTRY) BALLIMOTE, MATY LAND COUNTRY BALLIMOTE, MATY Deficience on the indexed printed on the printed under separate cover. Assignment previously submitted under separate cover. Assignment should be apply submitted under separate cover. Assignment should be apply the large fee to the application identified above.	ROTECT AGAINST BOTH DIATED DISORDERS OR TY FEEDUE DATE DUE (ES \$645.00 10/21/97
OS/104,529 08/12/93 042 RAILEY, J 1805 07/21/9 First Namod CLASSEN, JOHN B. EOF METHOD AND COMPOSITION FOR AN EARLY VACCINE TO PROTECT AGAINST BOTH NITON DOMMON INFECTIOUS DISEASES AND CHRONIC IMMUNE MEDIATED DISORDERS OR THEIR SEQUELAE ATTYS DOCKET NO: CLASS-SUBCLASS BATCH NO. APPLITYPE SMALL ENTITY FEE DUE DATE DUE 1 CLASSENI 424-201.100 P43 UTILITY YES \$445.00 10/21/9 (060.00) TO PROTECTION OF THE PROTECT AGAINST BOTH NOT THE PROTECT AGAINST BOTH NITON DISORDERS (TWO TO THE PROTECT AGAINST BOTH NITON DATE OF THE PROTECT BOTH DATE OF THE PR	1805 07/21/97 ROTECT AGAINST BOTH DIATED DISORDERS OR TY FEEDUE DATE DUE (ES \$645.00 10/21/97
The investigation of the patent form to page, list the name of not more than 3 registered patent attorneys or agents on amendic a start of copies. AFOR printing on the patent from page, list the name of not more than 3 registered patent attorneys or agents on amendic a start of copies.	ROTECT AGAINST BOTH DIATED DISORDERS OR ITY FEEDUE DATEDUE /ES \$645.00 10/21/97
The investigation of the patent form to page, list the name of not more than 3 registered patent attorneys or agents on amendic a start of copies. AFOR printing on the patent from page, list the name of not more than 3 registered patent attorneys or agents on amendic a start of copies.	ROTECT AGAINST BOTH DIATED DISORDERS OR ITY FEEDUE DATEDUE /ES \$645.00 10/21/97
EOF METHOD AND COMPOSITION FOR AN EARLY VACCINE TO PROTECT AGAINST BOTH NOTION COMMON INFECTIOUS DISEASES AND CHRONIC IMMUNE MEDIATED DISORDERS OR THEIR SEQUELAE ATTYS DOCKET NO. CLASS-SUBCLASS BATCH NO APPLY TYPE SMALLENTITY FEE DUE DATE DUE 1 CLASSEN1 424-201.100 F43 UTILITY YES \$645.00 (b/s).00 TO PROTECT AGAINST BOTH A SEQUELAE 4.For printing on the patent front page, list the names of not more than p	OIATED DISORDERS OR ITY FEEDUE DATEDUE /ES \$645.00 10/21/97
ECF METHOD AND COMPOSITION FOR AN EARLY VACCINE TO PROTECT AGAINST BOTH COMMON INFECTIOUS DISEASES AND CHRONIC IMMUNE MEDIATED DISORDERS OR THEIR SEQUELAE ATTYSDOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN. TYPE SMALLENTITY FEE DUE DATE DUE 1 CLASSENI 424-201.100 F43 UTILITY YES \$645-Hth (blso.co) Omespondence address change (Complete By Green's a that be) 1 Tour P. Cooper 4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney agent. If no name is listed, no name will be printed. 3 SIGNMENT DATA TO BE PRINTED ON THE PATENT forth or type) NAME OF ASSIGNMENT CLASSEN TITUTUDO Therapies Inc. BALLIMOTE, MATYLAND BALLIMOTE, MATYLAND BALLIMOTE, MATYLAND BALLIMOTE, MATYLAND BALLIMOTE, MATYLAND BALLIMOTE, MATYLAND BASIGnment for volcusty submitted to the Patent and Trademark Office. Assignment for volcusty submitted to the Patent and Trademark Office. The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the legale Fee to the application thentified above.	OIATED DISORDERS OR ITY FEEDUE DATE DUE /ES \$645.00 10/21/97
THE IR SEQUELAE ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN. TYPE SMALL ENTITY FEE DUE DATE DUE 1 CLASSEN1: 424-201.100 P43 UTILITY YES \$645-00 10/21/9 CUGO.OO TO THE PATENT (print or type) NAME OF ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) NAME OF ASSIGNMENT (PATENT (print or type) NAME OF ASSIGNMENT (PATENT (print or type) This application is NOT assigned. (Assignment previously submitted to the Patent and Trademark Office. Assignment previously submitted to the Patent and Trademark Office. The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the liggue Fee to the application identified above.	OIATED DISORDERS OR ITY FEEDUE DATE DUE /ES \$645.00 10/21/97
THE IR SEQUELAE ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN. TYPE SMALL ENTITY FEE DUE DATE DUE 1 CLASSEN1: 424-201.100 P43 UTILITY YES \$645-00 10/21/9 CUGO.OO TO THE PATENT (print or type) NAME OF ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) NAME OF ASSIGNMENT (PATENT (print or type) NAME OF ASSIGNMENT (PATENT (print or type) This application is NOT assigned. (Assignment previously submitted to the Patent and Trademark Office. Assignment previously submitted to the Patent and Trademark Office. The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the liggue Fee to the application identified above.	OTATED DISORDERS OR ITY FEEDUE DATEDUE /ES \$645.00 10/21/97
ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN: TYPE SMALL ENTITY FEE DUE DATE DUE 1 CLASSEN1 424-201.100 F43 UTILITY YES 544-00 10/21/9 6 6 0.00 AFOR printing on the patent front page, list the names of not more than page, list the names of not more than page, list the names of a firm having as a member a registered attenty or agent. If no name is listed, no name will be printed. SIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) NAME OF ASSIGNEE CLASSEN TIMITUNOTherapies Inc. ADDRESS (CITY & STATE OR COUNTRY) Balt LINCOP, Mary Land Assignment is being submitted our be repetited or the expectation of the report of the country of the space of the patent attorney or agent. If no name is listed, no name will be printed. 3 SIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) NAME OF ASSIGNEE CLASSE ON THE STATE OR COUNTRY Balt LINCOP, Mary Land (ENCLOSE A COPY OF THIS FORM) Issue Fee Advance Order - # of Copies 10 (ENCLOSE A COPY OF THIS FORM) Issue Fee Advance Order - # of Copies 10 Assignment is being submitted our der experience over. Assignment should be deceded to be Assignment about of the patent and Trademark Office. The COMMISSIONER OF PATENTS AND TRADEMARKS is nequested to apply the isgue Fee to the application identified above,	FEE DUE DATE DUE 10/21/97 660.00
ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN: TYPE SMALL ENTITY FEE DUE DATE DUE 1 CLASSEN1 424-201.100 P43 UTILITY YES \$6.45 Htt 0/0.00 10/21/9 1 CLASSEN1 424-201.100 P43 UTILITY YES \$6.45 Htt 0/0.00 10/21/9 1 AFOR printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, atternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed. 1 Iver P. Cooper attorney or agent. If no name is listed, no name will be printed. 3 SIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) NAME OF ASSIGNEE Classen Immunotherapies Inc. Baltilirore, Varyland (Baltilirore, Varyland (Baltilirore, Varyland (Baltilirore) This spoke of or -# of Copies 10 So, The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 02-4035 (ENCLOSE A COPY OF THIS FORM) Issue Fee Advance Order -# of Copies 10 Assignment is being submitted under esperate cover. Assignment should be decaded to be Assignment as being submitted under esperate cover. Assignment is being submitted under esperat	/ES \$645.00 10/21/97
ATTY'S DOCKET NO: CLASS-SUBCLASS BATCH NO. APPLN: TYPE SMALL ENTITY FEE DUE DATE DUE 1 CLASSEN1 424-201.100 F43 UTILITY YES \$6.45.00 10/21/9 Correspondence address change (Corrected by Checks at half by Check	/ES \$645.00 10/21/97
This application is NOT assigned. A24-201 and Trademark Office. A24-201 and Trademark Office. A24-201 and Trademark Office. Assignment previously submitted under separate cover. Assignment through the patent and Trademark Office. A24-201 and F43 UTILITY YES Lucio DO Lu	/ES \$645.00 10/21/97
AFOR printing on the patent from page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed. SIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) NAME OF ASSIGNEE: CLassen Intribution therapies Inc. ADDRESS (CITY & STATE OR COUNTRY) Balt Limore, Mary Land This application is NOT assigned. Assignment freviously submitted under separate cover. Assignment should be deceded to Box Assignments to being submitted under separate cover. Assignment threviously submitted under separate cover. Assignment threviously submitted under separate cover. Assignment threviously submitted under separate cover. Assignment should be deceded to Box Assignment by its gap fee to the application identified above,	660.00
Appress (CITY & STATE OR COUNTRY) ADDRESS (CITY & STATE OR COUNTRY) Ball LIMOTE, Mary Land This application is NOT assigned. Assignment freviously submitted under separate cover. Assignment should be directed to Box Assignment as being submitted under separate cover. Assignment should be directed to Box Assignment is being submitted under separate cover. Assignment thould be directed to Box Assignment to the patent and trademark Office. A. For printing on the patent from page, list the names of not more than 1 registered 2 agreet than 3 registered patent attorneys or agents. In name of a firm having as a member a registered 2 attorney or agent. If no name is listed, no name will be printed. 3 SIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) NAME OF ASSIGNEE Classen Immunotherapies Inc. Appress (CITY & STATE OR COUNTRY) Ball LIMOTE, Mary Land Ga. The following fees are enclosed: Mary Deficiences in Enclosed Fees The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the issue Fee to the application identified above,	660.00
A. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, atternatively, the name of a firm having as a member a registered attorney or agent. If no name will be printed. SIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) NAME OF ASSIGNEE: Classen Immunotherapies Inc. ADDRESS (CITY & STATE OR COUNTRY) Baltimore, Maryland Ga. The following fees are enclosed: Inc. Ga. The following fees are enclosed: Signment previously submitted to the Patent and Trademark Office. Assignment previously submitted to the Patent and Trademark Office. The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the figure Fee to the application identified above.	ont Trans D. Gaine
page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered 2 attorney or agent. If no name is listed, no name will be printed. SIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) NAME OF ASSIGNEE Classen Immunotherapies Inc. ADDRESS (CITY & STATE OR COUNTRY) Baltimore, Maryland Ga. The following fees are enclosed: Inc. (Assignment previously submitted to the Patent and Trademark Office. Assignment previously submitted to the Patent and Trademark Office. The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the lissue Fee to the application identified above,	UIL Tooley D Children
OR, alternatively, the name of a firm having as a member a registered 2 attorney or agent. If no name is listed, no name will be printed. SIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) NAME OF ASSIGNEE: Classen Immunotherapies Inc. ADDRESS (CITY & STATE OR COUNTRY) Baltimore, Maryland 6a. The following fees are enclosed: Issue Fee	more than 1 Iver P. Cooper
having as a member a registered attorney or agent. If no name is listed, no name will be printed. SignMent Data to be Printed on the Patent (print or type)	s or agents
SIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) NAME OF ASSIGNEE: Classen Immunotherapies Inc. ADDRESS: (CITY & STATE OR COUNTRY) Baltimore, Maryland This application is NOT assigned. Assignment previously submitted to the Patent and Trademark Office. Assignment is being submitted under separate cover. Assignment should be derived to Box Assignment is being submitted under separate cover. Assignment should be deprived to apply the Issue Fee to the application identified above.	
SIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) NAME OF ASSIGNEE Classen Intitunotherapies Inc. ADDRESS (CITY & STATE OR COUNTRY) Baillimore, Maryland 6a. The following fees are enclosed: Assignment is not a state or country) (ENCLOSE A COPY OF THIS FORM) Issue Fee	e is listed,
SIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) NAME OF ASSIGNEE: Classen Immunotherapies Inc. ADDRESS (CITY & STATE OR COUNTRY) Baltimore, Maryland 6a. The following fees are enclosed: Issue Fee Advance Order # of Copies 10 6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 02-4035 (ENCLOSE A COPY OF THIS FORM) Issue Fee Advance Order - # of Copies Arry Deficiencies in Enclosed Fees Any Deficiencies in Enclosed Fees The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
NAME OF ASSIGNEE: Classen Immunotherapies Inc. ADDRESS (CITY & STATE OR COUNTRY) Baltimore, Maryland 6a. The following fees are enclosed: Issue Fee	3
Classen Immunotherapies Inc. ADDRESS (CITY & STATE OR COUNTRY) Baltimore, Maryland Sb. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 02-4035 (ENCLOSE A COPY OF THIS FORM) Issue Fee Advance Order - # of Copies Any Deficiencies in Enclosed Fees Assignment previously submitted to the Patent and Trademark Office. Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS.	3
ADDRESS: (CITY & STATE OR COUNTRY) Baltimore, Maryland 6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 02-4035 (ENCLOSE A COPY OF THIS FORM) In its application is NOT assigned. (Assignment previously submitted to the Patent and Trademark Office.) Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS. The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	3
Cenclose Acopy of This Form) Cenclose Acopy of This Form) Issue Fee	
This application is NOT assigned. Assignment previously submitted to the Patent and Trademark Office. Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS.	Advance Order - # of Copies10
This application is NOT assigned. Assignment previously submitted to the Patent and Trademark Office. Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS. The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	e Advance Order - # of Copies 10 g fees should be charged to:
Assignment previously submitted to the Patent and Trademark Office. Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS. The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the issue Fee to the application identified above.	e Advance Order # of Copies 10 g fees should be charged to: CCOUNT NUMBER 02-4035 ACOPY OF THIS FORM)
Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS.	e Advance Order - # of Copies 10 g fees should be charged to: CCOUNT NUMBER 02-4035 A COPY OF THIS FORM) e Advance Order - # of Copies
UI GCUGU UI GCUX ASSIGNMENTA.	e Advance Order - # of Copies 10 g fees should be charged to: CCOUNT NUMBER 02-4035 ACOPY OF THIS FORM) e Advance Order - # of Copies
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent."	e Advance Order # of Copies 10 g fees should be charged to: CCOUNT NUMBER 02-4035 ACOPY OF THIS FORM) e Advance Order - # of Copies clencles in Enclosed Fees DNER OF PATENTS AND TRADEMARKS is
CONTRACTOR OF THE PROPERTY OF	e Advance Order - # of Copies
TIO OF IS DOING SHORT SHORT SHORT OF THIS TOTAL SHOP SHORT OF THE SHOT	e Advance Order # of Copies
PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. NOTE: The issue Feb will not be accepted from anyone other than the applicant, a registered attorney or agent; or the assignee or other party	e Advance Order # of Copies 10 g fees should be charged to: CCOUNT NUMBER 02-4035 ACOPY OF THIS FORM) e Advance Order - # of Copies clencles in Enclosed Fees ONER OF PATENTS AND TRADEMARKS is by the issue Fee to the application identified above, applies to the application identified above, applies Fee will not be accepted from anyone other than the stored attorney or agent; or the assignee or other party
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent: (Authorized Signature) (Authorized Signature)	3
	e Advance Order - # of Copies
the configuration 100 to will not be accepted itentically one of the configuration	e Advance Order - # of Copies 10 g fees should be charged to: CCOUNT NUMBER 02-4035 ACOPY OF THIS FORM e Advance Order - # of Copies clendes in Enclosed Fees ONER OF PATENTS AND TRADEMARKS is sky the liggue Fee to the application identified above, against 100 per party of the stored attorney or agent; or the assignee or other party
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. (Authorized Signature) (Authorized Signature)	•